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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		R	ATTORNEY DOCKET	r no.	CONFIRMATION NO.
10/684,064 10/08/2003		Cłyde F. Parrish			KSC-12539 3237		
TITLE OF INVENTION:		REPAIR OF INSULAT	PUBLICATION FEE DUE	PREV. PAID ISSUI	EFEE TOTAL FEE	S) DUF	DATE DUE
APPLN. TYPE	SMALL ENTITY		<u> </u>	<u></u>			
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EXAMIN	ver	ART UNIT	CLASS-SUBCLASS				
FLETCHER III, WILLIAM P		1762	427-140000				
CFR 1.363). Change of correspond Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth	ation (or "Fee Address' or more recent) attach	" Indication form ed. Use of a Customer A TO BE PRINTED ON	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) e data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.				
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